

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027446

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1077

FILED JUL 29 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in lb <b>2 days</b>	c. CITY OR TOWN <b>Puxico</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Roy E. Temple</b>		4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-19-1914</b>
9. AGE (last birthday) <b>48</b>		IF UNDER 1 YEAR Months <b>48</b> Days <b>48</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funeral Director</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Funeral business Dexter, Missouri</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Temple</b>		13b. MOTHER'S MAIDEN NAME <b>Christia Haynes</b>	
14. NAME OF HUSBAND OR WIFE <b>Jean Cox Temple</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes WW II &amp; Korea</b>	
16. INFORMANT <b>Jean Temple</b>		17. ADDRESS <b>Puxico, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Anterior coronary occlusion</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>INTERVAL BETWEEN ONSET AND DEATH 7 days</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>4:00</b> a.m. Month, Day, Year <b>July 13 1963</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Puxico, Mo.</b>		20g. COUNTY <b>Butler</b>	
20h. STATE <b>Missouri</b>		21. I attended the deceased from <b>July 13 1963</b> to <b>July 14 1963</b> and last saw her alive on <b>July 14 1963</b> Death occurred at <b>4:00 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Thelma Graham</b>		22b. ADDRESS <b>Poplar Bluff Mo</b>	
22c. DATE SIGNED <b>7-19-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Armstead Dowdy Cem.</b>	
23d. LOCATION (City, town, or county) <b>Dexter, Mo. Rural</b>		24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b>	
24. ADDRESS <b>Dexter, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/22/1963</b>	
26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>		27. DATE <b>7-19-63</b>	

JUL 31 1963

AUG 9 1963

AUG 9 1963

FEB 4 1964

FEB 4 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Mark Watkins*

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.